

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

OHIO STATE MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE (OSMAPAC)

Full Name (Last, First, Middle Initial)

A. Todd Baker

Mailing Address 3401 Mill Run Dr

City
Hilliard

State
OH

Zip Code
43026-9078

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ohio State Medical Association

Occupation

Co-Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 12 / 2015

Transaction ID : SA11AI.5719

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Robert Louis Barker MD

Mailing Address 33 W Rahn Rd

City
Dayton

State
OH

Zip Code
45429-2219

FEC ID number of contributing
federal political committee.

C

Name of Employer

South Dayton Acute Care Consultants In

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 12 / 2015

Transaction ID : SA11AI.5799

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Stephen Poll Bazeley MD

Mailing Address 900 Waterville Monclova Rd Ste A

City
Waterville

State
OH

Zip Code
43566-1169

FEC ID number of contributing
federal political committee.

C

Name of Employer

Waterville Family Physicians Inc

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 11 / 2015

Transaction ID : SA11AI.5644

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00